U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMER!  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information uniters it displays a rated QMB control numb  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information uniters it displays a rated QMB control number.											
PATENT APPLICATION FEE DETERMINATION RECORD									With the state of		
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									09/823528		
OTHER THAN											
CLAIMS AS FILED - PART I							SMALL ENTITY		OR	SMALL	
(Cotumn 3) (Cotumn 2)							SMALL ENTITY		•		L.,,,,,
	FOR		NUMBER FILED NUMBE				RATE	FEE	1	RATE	FEE
BAS	CFEE	- PRUMIESE	HUMBER FILED (1000)				130112	<del></del>	1		
(37 CFR 1.10(a))								1	OR		1
	AL CLAIMS	29	2.9 nainus 20 s				× 5 •	l	OR	x 3•	1
	FR 1.18(4)) PÉNDENT CLAIR								1		
	FR 1.16(b))	5	minus 3 = *				× •		OR	× .	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(4))						ı	+		OR	+ 5	
							TOTAL		OR	TOTAL	
"If the difference in column 1 is less than zero, enter 10" in column 2.							TOTAL		, 04	IUIAL	
CLAIMS AS AMENDED - PART II											
OFUING OF UNICHOES									OR	OTHER	R THAN
ł	(Column 1) (Column 2) (Column 3)					SMALL	NTITY	_	SMALL	ENTITY	
		CLAMS	Γ .	HIGHEST	PRESENT	1		AODL	1	RATE	ADD1-
⋖		REMAINING		NUMBER PREVIOUSLY	EXTRA	ı	RATE	TEONAL	1	RAIL	TIONAL
ĮΣ		AFTER		PAID FOR		1		FEE	1		FEE
≝	Total	14	Mones	••	•	ı	x	l	OR	x s	
ENDMENT	(S) CFR 1.14(t)) Independent		Minus			١			1	× 5 •	
Æ	independent of CFR 1.16(3)	<u> </u>	L		L	l	¥ 5	<del></del>	OR	^ <del>`</del>	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					l	+5		OR	+5	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
l								<del></del>	•		
L		(Column 1)		(Column 2)	(Column 3)			-	1		
8		CLAIMS REMAINING		HIGHEST MUMBER	PRESENT	ı	RATE	ADD1-	l	RATE	A00⊦
		AFTER		PREVIOUSLY	EXTRA	١	I	TIONAL			TIONAL FEE
置		AMENDMENT	Minus	PAID FOR		ł		I FILE	1		1
₹	Total (SF CFR 1.HKCB	14	Minus	79		l	x s*	L	OR	x \$	<u> </u>
ENDMENT	Independent (# CFR 1.1603	. 3	Minus	- Z	. —	l	x s•		OR	x s	
Į₹	<del>                                     </del>							T	1		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(III)						j	+5	<u> </u>	OR	TOTAL	<b>├</b> ───
1	<u> </u>	n ,					TOTAL ADDL FEE		OR	ADGLIFEE	
1//	///ובי/ו	4							_		
10	10110	(Column 1)		(Column 2)	(Column 3)				<b>-</b>		,
ヿ゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙		CLAMS REMAINING		HIGHEST NUMBER	PRESENT	ı	RATE	ADDL	l	RATE	ADDI
é	<i>'</i>	AFTER	l	PREVIOUSLY	EXTRA	ı	1	TIONAL			TIONAL
二品		AMENDMENT)		PAID FOR/I	<del> </del>	ł	<b></b>	PEE_	1	-	T FEE
ΙŽ	Total pr cira 1.18cg	1 /4	Minus	1 //	١.	ı	x \$	L	OR	x \$=	
8	Independent	· /	Minera	111/2	•	1			٦	x s .	
AMENDMEN	Da Cau r.rebjt	L	<u> </u>			1	<u> </u>	<del>                                     </del>	<b>⊣</b> ~	<del></del>	<del>                                     </del>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))						1	+ s	L	OR	+ 5	
						_	TOTAL	1	o <sub>R</sub>	TOTAL ADDL FEE	
1							ADO'L FEE	L	_ UM	ADDITE	<u> </u>
<ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in exitumn 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".</li> </ul>											
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											
ـــــــــــــــــــــــــــــــــــــــ	The "Highest P	tumber Previously muston is required	Paid For	(Total or Independ	mera) is the high	esi er	number sound if	tain a benef	DA LOS UT	biic which is to	Ing (and by the
Thes.	collection of into	muston is required	1 by 37 C	PPC 1.385. 3 DB #NC	underen a sade		0 10 COMMITTOR 14		,	In lake 12 minu	

Co.s., 122 and 37 CFR 1,14. This collection is stimulated to take 12 minutes to complete, ton form to the USPTO. Time will vary depending upon the indirection discrete science for reducing the burder, should be sent to the CTR indirection Officer, US. Patient, J., Alexandriu, VA. 27313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS Alexandrius, VA. 22313-1459.

À

ce in completing the form, call 1-800-PTO-9199 and select option 2.